Charles Collins
Centers for Disease Control and Prevention
HD Evaluation Guidance TA

Charles Collins reflected on the previous comments of Laura Leviton concerning the imperfect data received from Medicaid. The lesson from the Medicaid experience was that data that is not used drifts and may not be valid when needed. He urged the participants to make sure their data are solid so that they can be used to improve their programs, and he discussed the issue of inflation of outcome indicators.

When CDC began providing technical assistance to different jurisdictions regarding the Evaluation Guidance, they had two goals which were to:

- ❏ Be customer-oriented and to answer the questions that needed answering; and
- ❏ Ensure that they were building evaluation capacity.

A three-person team worked in technical assistance. Of the 65 funded health departments, 58 of them requested technical assistance. The questions that came in fell into one of five broad categories:

- ❏ Interpretation of the guidance
- ❏ Data collection and management, how to collect and report data from CBO's
- ❏ Behavioral science theory and intervention issues
- ❏ Local diffusion, training, and buy-in
- ❏ Outcome evaluation

One of the major lessons learned from their technical assistance experiences was the need for software for data management. Charles Collins acknowledged that CDC should have given health departments software a year previously, and he stressed that they had learned from this mistake. With that in mind, the upcoming CBO Evaluation Guidance will include adequate software up-front.

In the area of behavioral science, their most-asked question was, "At what point does street-level outreach become an individual-level intervention?" From the definitions in the Guidance, they are able to say, "Ensure that there is a skill component and individualized risk assessment." It became evident from the questions that CDC heard that they should move toward creating intervention standards. Different states are establishing intervention standards for their CBOs, and unless the CDC works together with the states, there will be 65 different standards for behavioral interventions.

There were a variety of questions in the category of outcome evaluation, from questions about appropriate interventions to design questions. Charles Collins thought the most interesting questions regarded ethical and appropriate comparison groups. Health departments informed CDC that community-based organizations will not use wait-list or no-treatment control groups.

From communicating with health departments, Charles Collins and the technical assistance team learned that there is a need for evaluability assessment techniques, "How do you choose the interventions that are the best candidates for your outcome evaluation?" There is a need for continued technical assistance as the health departments continue to develop, implement, and assess outcome evaluations.

In conclusion, Charles Collins assured the participants that CDC will remain available for this assistance, and will work together with departments to discover whether the programs work, and how to improve them.